



## City of Annapolis

### FY 2006 Quarterly Grant Report

Date \_\_\_\_\_

Organization \_\_\_\_\_

Project Name and Location \_\_\_\_\_

Period Covered by Report \_\_\_\_\_ to \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Total FY 2006 City of Annapolis Grant Award \_\_\_\_\_

| Description               | Budget | Actual 1st<br>Quarter | Actual 2nd<br>Quarter | Actual 3rd<br>Quarter | Actual 4th<br>Quarter | Total Year to<br>Date |
|---------------------------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Salaries                  |        |                       |                       |                       |                       |                       |
| Benefits                  |        |                       |                       |                       |                       |                       |
| Supplies                  |        |                       |                       |                       |                       |                       |
| Utilities                 |        |                       |                       |                       |                       |                       |
| Training and Education    |        |                       |                       |                       |                       |                       |
| Equipment and Maintenance |        |                       |                       |                       |                       |                       |
| Other (Please Explain):   |        |                       |                       |                       |                       |                       |
|                           |        |                       |                       |                       |                       |                       |
|                           |        |                       |                       |                       |                       |                       |
|                           |        |                       |                       |                       |                       |                       |
|                           |        |                       |                       |                       |                       |                       |
| Grand Total               | \$     |                       |                       |                       |                       |                       |

Project Name and Organization \_\_\_\_\_

*If additional space is needed, please provide information on a separate piece of paper.*

Please describe major activities and accomplishments achieved this quarter as a result of the grant.

Please list objectives for this quarter and document how these objectives were accomplished. In addition, please note objectives for next quarter.

Please note significant successes and obstacles from this quarter. If there were obstacles, how were they overcome?

Please list typical weekly activities and estimate how much time is devoted to each task.

| Activity | Hours Per Week | Resources |
|----------|----------------|-----------|
|          |                |           |
|          |                |           |
|          |                |           |
|          |                |           |
|          |                |           |
|          |                |           |

Please document each staff member's specific duties listed in the above table.

| Resource | Responsibilities |
|----------|------------------|
|          |                  |
|          |                  |
|          |                  |
|          |                  |
|          |                  |

Signature \_\_\_\_\_

Date \_\_\_\_\_